

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

ALEXANDER
EVANSVILLE 15 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

35703
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. 791 2
(b) Township..... Primary Registration District No. 1008
(c) City St. Louis, Mo. (d) Street No. BARNES HOSPITAL Registered No. 9280
(e) Length of residence in city or town where death occurred yrs. mos. 4 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Harold Nathan Livesay St. Evansville, Ind.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 9th, 1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 1 22

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Electric Welder
9. Industry or business in which work was done, as saw mill, bank, etc. Railroad
10. Date deceased last worked at this occupation (month, and year) August 1937 11. Total time (years) spent in this occupation 26 Yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nashville, Illinois

13. NAME A. R. Livesay

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nashville, Illinois

15. MAIDEN NAME Elizabeth Jane Late

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richview, Illinois

17. INFORMANT (ADDRESS) Mrs Curtis Cross
Evansville, Indiana

18. BURIAL, CREMATION, OR REMOVAL PLACE Evansville, Indiana October 3, 1937

19. FUNERAL DIRECTOR (ADDRESS) Albert H. Hoppe Inc.,
429 N. Euclid Avenue

20. FILE OCT 4 1937 J. H. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10 - 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from 9 - 28, 1937, to 10 - 1, 1937.

I last saw him alive on 10 - 1, 1937. Death is said to have occurred on the date stated above, at 7:30 p. m.

The principal cause of death and related causes of importance were as follows:

Brain Tumor Benign

Date of onset

Other contributory causes of importance: 54d

Name of operation Craniotomy Date of 9-30-37

What test confirmed diagnosis? operation Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. R. Bradley, M. D.

(Address) BARNES HOSPITAL

9280
9280

STATEMENT BY LICENSED EMBALMER

I, Albert H. Hoppe, Licensed Embalmer No. 1861

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed

Albert H. Hoppe

Licensed Embalmer No. 1861

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)